<u></u>	Under the Paper	work Redu	ction Act	of 1996,	no person	e 20 (1	equired to respo			information u	ATROO; U.X Librar () di	Mough 7/31/2006 5. DEPARTMENT Spisys a valid OM	OF CONMERCE	
L	P	AIENT.	APPL	VA 111	ON FEE	· UEI	I EKMIRA I		RECORD To December	}	199	elication or Doctor	Number	
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY											OR	OTHER THAN SMALL ENTITY		
Γ	FOR		NUMBER FLED			NUMBER EXTRA			0475.00		7		Civili	
	ASIC FEE 7 CFR 1.16(0), (14),	or (c))	N/A				NA		RATER	150.00		RATE (1)	300.00	
	EARCH FEE 7 CFR 1 16(14, f). c	z (ml)	- N/A		7	N/A.		7	· N/A	\$250	4	N/A	-	
E	CFR 1.16(d, b).	E	. NA .			1 N/A			N/A	\$100	┥	N/A	\$500	
R	OTAL CLAIMS CFR 1.16(8)	- 10/						1	X\$ 25		4		\$200	
2	DEPENDENT C	LAMS	minus 20 « *			<u> </u>		1	X100	' 	- OR	X\$50 .		
	CFR 1.16(N)		the sp			drawings exceed 100			×100 .		4	X200 .		
FE	PPLICATION SIZ E CFR (1.16(s))	E 8	sheets of paper, the apples \$250 (\$125 for small additional 50 sheets or 135 U.S.C. 41(a)(1)(G) a			plication size fee due entity) for each fraction thereof. See			,		1	·		
in	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(II)								+180=	1		+360=	-	
. 11	"If the difference in column 1 is less than zero, enter "O" in column 2.								TOTAL		1	TOTAL		
	APP	LICATIO	AMFNI)FN _ P	ΔRT: I				J	1012	L			
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
4 5	111116	CLAIMS REMAINING AFTER AMENOMEN			HIGH NUM PREVIO PAID	BER XUSLY	PRESENT. EXTRA		RATE (1)	ADDI- TIONAL FEE (\$)] .	RATE (S)	-ADDI- TIONAL	
ME	DE CER LIGH	5	3	Minus	"53	$\overline{\varphi}$	1.8		X\$ 25 .		OR	X\$50	FEE (f)	
AMENDMEN	independent (ATCFR Ltsp)		13.	Minus.	K	3	40	ŀ	X100 ·	1	OR	X200	+	
₹	Application Size Fee (37 CFR 1.18(s))										S			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL					(37 CF	R 1.16@]		+180= -		OR	+360=	•	
11	1/2 - 1			•			TOTAL ADD'L FEE	t	OR	TOTAL ADD'L FEE	1			
-	127/0	(Column	1) <	5 KC			(Column 3)	_						
18	:	REMAIN AFTE AMENDA	iing R		HIGHE NUMB PREVIOUS PAID F	ER JSLY	PRESENT EXTRA		RATE (5)	ADDI:		RATE (\$)	ADOI- TIONAL	
Ž	Total d) CFR ENDI)	5	7	Minus.	-5		z :		X\$ 25 .	FEE (1)		X\$50	FEE (t)	
AMENDMEN	independent (17, CFR 1, 18), p	1	7	Minus	1. 7		<u>.</u>	-	X100 .		OR .	X200 .		
ğ	Application Size Fee (37 CFR 1.16(s))							1			OR	7200	——— <u>—</u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (27 CFR 1,140)								+180=		OR	+360=		
				٠.		T	OTAL.			TOTAL ADOL FEE				
•••	If the entry in co If the "Highest N If the, "Highest Nu The "Highest Nu	umber Pre-	viously P riously P	ald For I	N THIS SI M THIS SP	ACE H	less than 20, e	nier "	_		· .			

This collection of Information is required by 37 CFR 1.16. The information is required to obtain to retain a beginning to which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief (information Officer, U.S. Patient and Trademark Office, U.S. Depentment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.